

Advantage 65 with Dental/Vision

Medical, Dental and Vision
Administered by Anthem Blue Cross and Blue Shield



Effective January 1, 2016 - December 31, 2016

The Local Choice is a unique health benefits program managed by the Commonwealth of Virginia Department of Human Resource Management (DHRM). The Advantage 65 with Dental/Vision plan may be offered to you if you are eligible for Medicare and to your Medicare-eligible family members by your group. Benefits are administered on a calendar year basis to coincide with your Medicare coverage. Changes in your monthly premium are effective July 1 (or October 1 for certain school groups) to coincide with your former employer's The Local Choice (TLC) health plan renewal.

The Advantage 65 with Dental/Vision plan provides medical benefits that work with Medicare Part A and Part B. **It does not provide prescription drug coverage.**

This guide is only an overview. For a complete description of the benefits, exclusions, limitations, and reductions, please see the Medicare Coordinating Plans Member Handbook.

Service Area

Wherever retirees live.

Medical Benefits

To receive full benefits you must be enrolled under both Part A and Part B of Medicare. Always show both your Medicare card and your Anthem identification card when you receive care.

Advantage 65 covers the Medicare Part A hospital deductible (after you pay \$100) and copayment amounts, and the Part B copayment for Medicare-approved charges. It also covers out-of-country Major Medical services.

Choose Health Care Providers Carefully

Physicians

Ask your doctor if he or she is a Medicare participating physician. A doctor who participates in Medicare agrees to:

- File claims on your behalf
- Accept Medicare's payment for covered services

This means your copayment is limited to a percentage of the Medicare-approved charge. Go to Medicare.gov for additional information about Medicare-participating physicians.

This brochure describes benefits based on Medicare-approved charges. Doctors who do not accept assignments may not charge you any more than 15% above what Medicare considers a reasonable fee. This applies to all doctors and all services.

Hospitals

Hospitals that participate in the Medicare program are covered. Admissions not approved by Medicare are not covered.

Advantage 65

What The Plan Covers

Plan Pays

PART A SERVICES

<i>Hospital Inpatient</i>	■ Medicare Part A hospital deductible less \$100 per benefit period, days 1-60	In full
	■ Medicare Part A daily hospital copayment amount, days 61-90	In full
	■ 100% of the allowable charge*, for eligible expenses for an additional 365 days.	In full
	■ Copayment amount for Medicare Lifetime Reserve Days (60 days available)	In full
<i>Skilled Nursing Facility</i>	■ Medicare Part A skilled nursing facility copayment, days 21-100 (Medicare covers days 1-20 in full.)	In full
	■ A daily amount equal to Medicare skilled nursing home copayment, days 101-180 (Medicare provides no coverage beyond 100 days.)	In full

Plan Pays

PART B SERVICES

<i>Physician And Other Services (after you pay \$166 Medicare Part B calendar year deductible)</i>	■ Part B copayment of Medicare-approved charges for services such as: <ul style="list-style-type: none"> • Doctor's care • Surgical services • Outpatient x-ray and lab services • Professional ambulance service 	In full
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AT HOME RECOVERY SERVICES

■ At-home recovery care for an illness or injury approved under a Medicare home health treatment plan. Benefits include: <ul style="list-style-type: none"> • Home visits up to the number approved by Medicare, not to exceed 7 visits per week (This benefit applies to home health services, certified by a physician, for personal care during the recovery period) 	Up to \$40 per visit (limited to \$1,600 per calendar year)
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Plan Pays

OUT-OF-COUNTRY MAJOR MEDICAL SERVICES

<i>(after you pay \$250 calendar year deductible)</i>	■ Lifetime maximum	\$250,000
	■ Annual restoration of lifetime maximum (limited to the amount of benefits used in any one year)	\$2,000

<i>Covered Services</i>	■ Medically necessary services received in a foreign country	80% AC*
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<i>Out-Of-Pocket Expense Limit</i>	■ In a calendar year when your out-of-pocket expenses for covered services reach \$1,200, the plan pays 100% of the allowable charge for the rest of the calendar year.	
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***Allowable Charge (AC)** – The term has two meanings, depending on whether the service is provided by a doctor (or other health care professional) or a hospital. For care by a doctor or other health care professional, the allowable charge is the lesser amount of your plan's allowance for that service, or the provider's charge for that service. For hospital services, the allowable charge is the amount of the negotiated compensation to the facility for the covered service or the facility's charge for that service, whichever is less. For complete information about the allowable charge, please see the Medicare Coordinating Plans Member Handbook.

Dental/Vision Benefits

Dental Benefits

The plan pays up to \$1,500 per member per calendar year. It also pays 100% of the allowable charge for diagnostic and preventive services, such as oral examinations and dental x-rays. It pays 80% of the allowable charge for basic services, such as fillings, re-cementing of crowns, inlays and bridges, or repair of removable dentures. The remaining 20% is your responsibility. The plan also pays 5% for major services such as crowns, dentures, and implants.

When you need services, simply present your plan identification card to your dentist. If you go to an Anthem Dental Complete network dentist, you will be responsible only for your coinsurance. If services are provided by a non-network dentist, you pay your coinsurance, plus the difference, if any, between the plan's allowable charge for a covered service and the dentist's charge. Network dentists are listed on the Web at www.anthem.com/tlc, or call Anthem Dental Complete at **1-855-648-1411** to determine if a dentist is in the network.

Plan Pays \$1,500 Maximum Per Person Per Calendar Year		In-Network You Pay
<i>Diagnostic And Preventive Services</i>	Twice-a-year visits to the dentist for oral examinations, x-rays, and cleanings	\$0
<i>Basic Dental Care</i>	Fillings, oral surgery, periodontal services, scaling, repair of dentures, root canals and other endodontic services, and recementing of existing crowns and bridges	20% AC**
<i>Major Dental Care</i>	Crowns (single crowns, inlays and onlays), prosthodontics (partial or complete dentures and fixed bridges) and dental implants.	95% AC**
<i>Out-Of-Network Care</i>	For services by a non-network dentist, you pay the applicable coinsurance plus any amounts above the allowable charge.	

****Allowable Charge (AC)** – The allowable charge is the lesser amount of the Anthem Dental Complete plan allowance for that covered service, or the provider's submitted charge for that covered service. Participating Anthem Dental Complete dentists have agreed to accept Anthem's payment, plus any required coinsurance (if applicable) as payment in full for covered benefits..

Routine Vision Benefits

Your routine vision benefits are through the Anthem Blue View Vision network. Available once per calendar year, your vision benefits include a routine eye exam, eyewear and special eye accessory discounts. You may receive services from any ophthalmologist, optometrist, optician and/or retail location in the Anthem Blue View Vision network.

To locate an Anthem Blue View Vision provider, select Find A Doctor at www.anthem.com/tlc, or contact Member Services at **800-552-2682** for assistance. To receive vision services, simply present your Anthem identification card to your Blue View Vision provider when you receive your eye exam or purchase covered eyewear. Your Blue View Vision provider will verify eligibility and file your claims.

While some vision benefits are also covered out-of-network, you will receive the most value when you choose a Blue View Vision provider. If you use an out-of-network provider, your benefits will be covered at a lower payment level. You will need to pay for covered services and purchases at the time of your visit and send an out-of-network claim form to Blue View Vision. The claim form is available at anthem.com/tlc under Forms.

Certain non-routine vision care such as eye surgery may be covered under your primary medical coverage under your Medicare plan. Refer to your Medicare and You Handbook or contact Medicare for more information.

Vision Benefits Highlights

Routine vision care services	In-Network You Pay
<i>Routine eye exam (once per calendar year)</i>	\$20 copayment
<i>Eyeglass frames</i> Once per calendar year you may select any eyeglass frame ¹ and receive the following allowance toward the purchase price:	\$100 allowance then 20% off remaining balance

Vision Benefits Highlights *(continued)*

<p>Standard Eyeglass Lenses <i>Polycarbonate lenses included for children under 19 years old.</i></p> <p>Once per calendar year you may receive any one of the following lenses:</p> <ul style="list-style-type: none"> ■ Standard plastic single vision lenses (1 pair) ■ Standard plastic bifocal lenses (1 pair) ■ Standard plastic trifocal lenses (1 pair) ■ Standard progressive lenses (1 pair) 		<p>\$20 copay; then covered in full</p> <p>\$20 copay; then covered in full</p> <p>\$20 copay; then covered in full</p> <p>\$85 copay; then covered in full</p>
<p>Upgrade Eyeglass Lenses <i>(available for additional cost)</i></p> <p>When receiving services from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lenses copayment applies, plus the cost for the upgrade.</p>	<p>Lens options</p> <ul style="list-style-type: none"> ■ UV coating ■ Tint (solid and gradient) ■ Standard scratch resistance ■ Standard polycarbonate ■ Standard anti-reflective coating ■ Other add-ons and services 	<p>Member cost for upgrades</p> <p>\$15</p> <p>\$15</p> <p>\$15</p> <p>\$40</p> <p>\$45</p> <p>20% off retail price</p>
<p>Contact lenses</p> <p>Prefer contact lenses over glasses? You may choose to receive contact lenses instead of eyeglasses (frames and lenses) and receive an allowance toward the cost of a supply of contact lenses once per calendar year.</p>	<p>Lens options</p> <ul style="list-style-type: none"> ■ Elective conventional lenses² ■ Elective disposable lenses² ■ Non-elective contact lenses² 	<p>\$100 allowance then 15% off the remaining balance</p> <p>\$100 allowance (no additional discount)</p> <p>\$250 allowance (no additional discount)</p>

¹ Discount is not available on certain frame brands in which the manufacturer imposes a no-discount policy.

² Elective contact lenses are in lieu of eyeglass lenses. Non-elective lenses are covered when glasses are not an option for vision correction.

Options For Prescription Drug Coverage—Medicare Part D

If you want prescription drug coverage, you must enroll in a separate Medicare Part D prescription drug plan.

Several Medicare Part D plan options are being offered. To determine what drug coverage option best meets your needs, consult the Medicare and You Handbook, call **1-800-MEDICARE (1-800-633-4227)** or visit the Medicare Web site at www.medicare.gov.

If You Need Assistance

Anthem Blue Cross and Blue Shield

Medical and Routine Vision Care: 1-800-552-2682

Monday through Friday 8:00 a.m. – 6:00 p.m.

Saturday 9:00 a.m. – 1:00 p.m.

On the Web at www.anthem.com/tlc

Dental Care: 1-855-648-1411

Monday - Friday 8:00 a.m. - 9:00 p.m.

On the Web at www.anthem.com/tlc

The Local Choice

The Local Choice Health Benefits Program
 Commonwealth of Virginia
 Department of Human Resource Management
 101 North 14th Street - 13th Floor
 Richmond, VA 23219

On the Web at www.thelocalchoice.virginia.gov

NOTE: This is not a policy. This is a brief summary of the Advantage 65 with Dental/Vision health benefits plan. For a complete description of the benefits, exclusions, terms, and conditions, please see the Medicare Coordinating Plans Member Handbook.

